Hazardous Waste Facility Liability Endorsement

bodily injury and property da	amage in connection with the	e insured's obligation to demo	hed provides liability insurance of onstrate financial responsibility untion Number, name, and address	nder 401
,				
for				·
accidental occurre facilities, indicate on	ences." If coverage is for mu an attached sheet which fac	ltiple facilities and the coverd	accidental occurrences, which	
The limits of liability are		for each occurrence and		annual
, <u>-</u>	(insert the dollar amount of the "each occurrence")		(insert the dollar amount of the "annual aggregate")	
aggregate, exclusive of legal	defense costs.			

- 2. The insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with subparagraphs (a) through (e) of this paragraph are hereby amended to conform with subparagraphs (a) through (e):
- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.
- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in Section 6 of 401 KAR 34:120 or Section 6 of 401 KAR 35:120.
- (c) Whenever requested by the Division of Waste Management, hereinafter the Division, the Insurer agrees to furnish to the Division a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of this endorsement, whether by the Insurer, the insured, a parent corporation providing insurance coverage for its subsidiary, or by a firm having an insurable interest in and obtaining liability insurance on behalf of the owner or operator of the hazardous waste site or facility, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Division.

Attached to and forming	g part of Policy No)	issued by	
				(Name of Insurer)
Herein called the Insure	er, of		(Addres of	
to	Name of Inguinal)		of	(Address)
(Name of Insurea)			(Auuress)
this	day of		, 19	The effective date of said policy is
(Day)		(Month)	(Year)	The effective date of said policy is
	_ day of		, 19	
I hereby certify the regulations were constitution the Commonwealth of	nat the wording of tuted on the date find of Kentucky or, if ex	this endorsement rst above written, xempted by KRS 3	is identical to the	e wording specified in 401 KAR 34:080 as such as licensed to transact the business of insurance.
I hereby certify the regulations were constitutions.	nat the wording of tuted on the date fin of Kentucky or, if ex in one (1) or more	this endorsement rst above written, xempted by KRS 3 states.	is identical to the	e wording specified in 401 KAR 34:080 as such as licensed to transact the business of insurance
I hereby certify the regulations were constituted to the Commonwealth consumplies insurer (Signature of Author)	nat the wording of tuted on the date fin of Kentucky or, if ex in one (1) or more	this endorsement rst above written, xempted by KRS 3 states.	is identical to the	e wording specified in 401 KAR 34:080 as sucer is licensed to transact the business of insurance surer is licensed to provide insurance as an excess
I hereby certify the regulations were constituted to the Commonwealth coor surplus lines insurer (Signature of Author)	nat the wording of tuted on the date find of Kentucky or, if exim one (1) or more	this endorsement rst above written, xempted by KRS 3 states.	is identical to the	e wording specified in 401 KAR 34:080 as such as licensed to transact the business of insurance.
I hereby certify the regulations were constituted to the Commonwealth consumplies insurer (Signature of Author)	nat the wording of tuted on the date first function of Kentucky or, if exit in one (1) or more orized Representation (Name, typed)	this endorsement rst above written, xempted by KRS states.	is identical to the	e wording specified in 401 KAR 34:080 as such as licensed to transact the business of insurance.
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DEP-6035K, effective 2/10/94

(Note: Use of this form is required by 401 KAR 34:080.)